| TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS | | | | الرين! | | | | | <u>\. </u> | | | | | |
|--|-------------------------|--|--------------------|-----------------|---------------|--------------|-------------|--------|---|--------|-----|-------------|------------------------|--|
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| * If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL OR TOTAL 7/0 **TOTAL 7/0 | MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | 7 | | 1 | 35= | | | +270= | | |
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| | | (Column 1) | | (Column 2) | (Column 3) | |
|-------------|-------------|---|-------|---|------------------|--|
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

ADDI-

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FEE

RATE

X\$ 9=

X40=

+135=

TOTAL ADDIT. FEE

ADDI-

TIONAL

FEE

RATE

X\$18=

X80=

+270=

OR ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3,
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."